

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Controlled Substances

Bureau of Emergency Medical Services

Controlled Substances Semi-Annual Report For EMS Agencies

This report must be submitted pursuant to PHL Article 33 within 30 days of June 30 and December 31, each year.

Retain a copy for your records.

Reporting Period ☐ January 1- June 30, _____ ☐ July 1 -- December 31, _____

Agency Name	NYS-EMS ID No.	NYS-BCS License No.		
Address	City	State	Zip	Business Phone
Name of DEA Registrant	DEA License No.	Day Phone		

	Name of Controlled Substance	Name of Controlled Substance	Name of Controlled Substance
Dosage Form (mg/ unit)			
Total Quantity Received from DEA Registrant			
Total Quantity Administered & Wasted			
Total Quantity Lost			
Total Quantity Accounted from Records (Stock & Substocks)			
Physical Inventory Count (Stock & Substocks)			

I certify that on _____ I conducted an actual physical inventory of the controlled substances listed above. Any loss or overage is explained on a separate attached report. I affirm that this is a true and accurate record of the controlled substance utilization by the above named agency.

Name of Agent (print)_____
Signature of Agent_____
Date_____
Name of CEO (print)_____
Signature of CEO_____
Date

Sent completed report by due date to: New York State Department of Health, Bureau of Controlled Substances
433 River Street 5th Fl., Troy, NY 12180, 518-402-0707